**RICHMOND HEIGHTS HIGH SCHOOL**

**PERMISSION TO RELEASE STUDENT INFORMATION**

We shall not release any information from our records unless proper authorization is obtained. Those able to give this authorization are: Individuals over 18 years of age, parents (custody is required in separated families) and guardians of students who are under 18 years of age.

I hereby authorize the Richmond Heights Schools to release information from my permanent record to those colleges or agencies indicated below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print Full Name of Student at time of Graduation) (Phone Number)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date of Birth) (Student ID) (Year of Graduation)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Relationship if not Student**

**Information Requested: (Check all that apply):**

\_\_\_  **Official Transcript (To be sent to School or Employer)**

**\_\_\_\_ Unofficial Transcript (To be sent to Individual or Hand Carried)**

**\_\_\_\_ Medical Records (Immunizations)**

**Where Records are to be Sent:**

**School or Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN THIS FORM TO:**

Richmond Heights Secondary School

Attn: Cheryl McConnell

447 Richmond Rd.

Richmond Heights, OH 44143

Or Fax to: 216-692-8495

**Office Use**:

**Date Received: \_\_\_ Pick-Up \_\_\_\_\_ Date Sent: \_\_\_\_\_ Official: \_\_\_\_\_\_ Unofficial : \_\_\_\_\_\_\_**